

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/542,869

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1	2				53						
4	1						54						
5		1					55						
6		1					56						
7		1	3				57						
8		1					58						
9		1					59						
10		1	1				60						
11		1	1				61						
12		1	1				62						
13		1	1				63						
14		1	1				64						
15		1	1				65						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		↓		↓				↓		↓		↓
TOTAL DEP.	12		←		←				←		←		←
TOTAL CLAIMS	15												